



Indonesia National Immunization Program:



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Legal Basis



The 1945 Constitution of the Republic
of Indonesia

Law No. 35/2014
on Child Protection

Law No.36/2009
on Health

Law
No. 23/2014
on Local
Government

IMMUNIZATION IS COMPULSORY

Routine National Immunization Schedule

Health Minister Decree No.12/2017

Age (Mo)	Primary Immunization
< 24 hrs	Hep.B birth dose
1	BCG, OPV1
2	DwPT-HB-Hib1, OPV2
3	DwPT-HB-Hib2, OPV3
4	DwPT-HB-Hib3, OPV4, IPV
9	Measles/MR

Secondary Immunization (Booster Dose)

**Measles and
DwPT-HB-Hib**
(18 month) → Introduced since
2013 selected prov, 2014
nationwide

SCHOOL-BASED IMMUNIZATION (ELEMENTARY SCHOOL)



- DT
- M/MR



Gr 1



- Td



Gr 2



- Td
- HPV*



Gr 5



HPV*



Gr 6



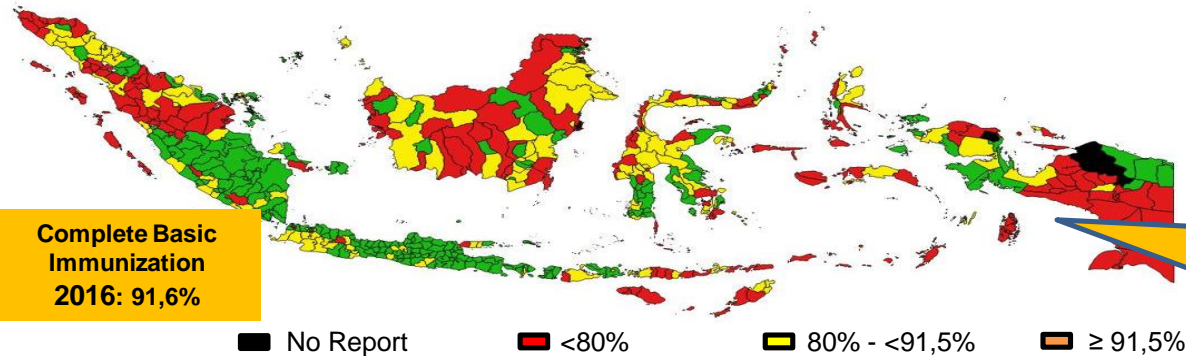
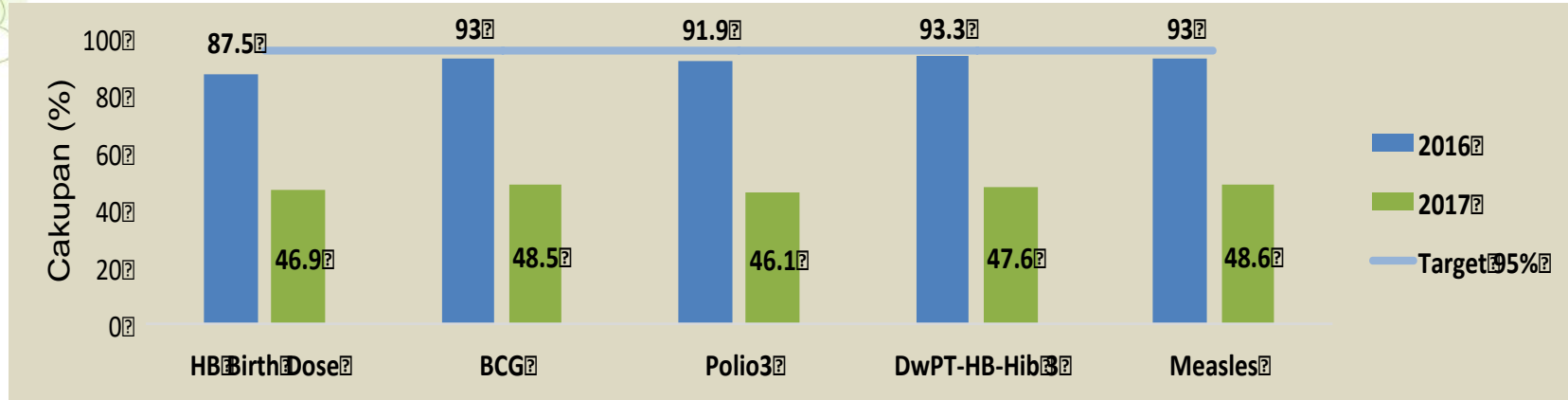
* Demonstration Program in selected areas

New Vaccine Introduction Plan

Plan	2015	2016	2017	2018	2019
MR			MR Campaign Phase 1	MR Campaign Phase 2	
HPV		Demonstration program di DKI Jakarta province	Demonstration program in Kulon Progo and Kota...	Expanded : Kota Manado (North Sulawesi) and Kota Makassar (South Sulawesi)	Expanded : All districts in DIY
JE				JE Introduction in Bali province	JE introduction in Kota Manado (North Sulawesi)
Pneumo			Demonstration program in West Lombok and East Lombok Districts → PCV 13	Expanded : all districts in Lombok Island and selected districts in Bangka Belitung	Expanded : all districts in NTB, selected districts in West Java and East Java
		Pneumo whole cell Clinical Trial (BF)			
Rotavirus	Phase 2 Clinical Trial: Rota Virus 3 (RV3) (BF, Melbourne Uni, UGM) in Yogyakarta dan Klaten district (Central Java)			Clinical Trials Rotavirus vaccine, Biofarma	<ul style="list-style-type: none"> Demo program in selected area CT continued

Will be continued in our next cMYP

Immunization Coverage Indonesia, 2016 - 2017

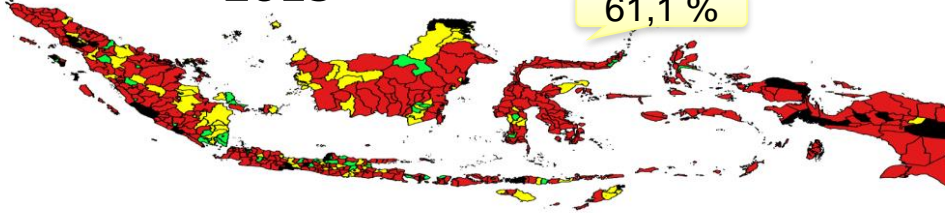


Nationally, the immunization coverage has reached the target, however gaps are still found in some districts

Functional Cold Chain (Cold Chain Assessment Report - EPI)

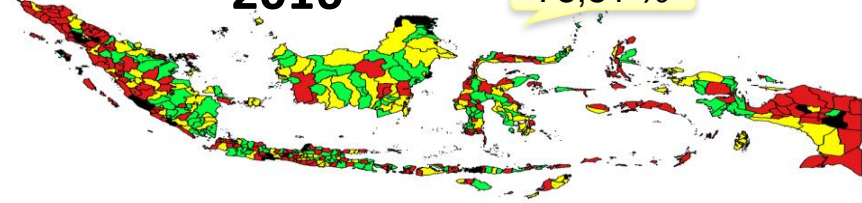
2015

61,1 %



2016

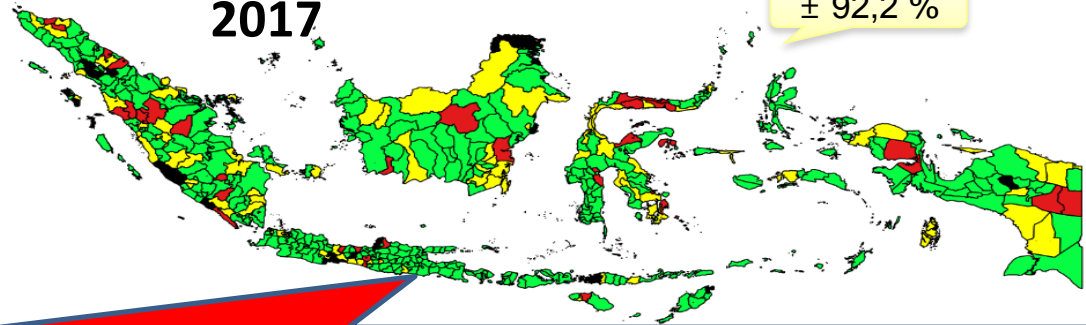
78,81 %



**Target 2018, all PHC
→ 100% well function
cold chain**

2017

± 92,2 %



Legend :



Vaccine delivery and cold chain maintenance has been applied throughout the country (34 provinces, 514 districts and 9.705 Health Centers) and >90% is functioning

TARGETS OF NIP (2015 – 2019)



Maintaining Status of
Poliomyelitis Free in
Indonesia
Maintaining Status of



Meet global and
regional targets
(measles elimination
and rubella control)

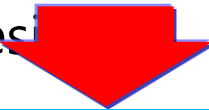


Maternal and
Neonatal Tetanus
Elimination in



New Vaccines Introduction Plan
(MR, HPV, PCV and JE)

Indonesia



HIGH IMMUNIZATION COVERAGE

The slide features decorative floral elements in the corners. The top-left corner contains a cluster of light green flowers, a white outline flower, and a solid green flower. The bottom-right corner contains a solid green flower, a white outline flower, and a light green flower.

SUSTAINING POLIO-FREE STATUS

National Strategies to Maintain Polio-Free Status in the Country and Achieve Global Polio Eradication



Polio NID

(8-15 March 2016)

Coverage: 96.5%

Used trivalent OPV

Targeted children

0-59 mo

Switch from tOPV to bOPV

The national switch
day : 4th April 2016

VALIDATED

IPV Introduction

1 dose of IPV
into routine imm
schedule
July 2016

Reach and maintain
a high routine
immunization
coverage, incl polio
imm, in all areas of
the country

Polio Importation Prevention (Health Minister Decree No. 12/2017):

People departing to polio endemic countries:

Polio immunization should be given 14 days before departure and recorded in the International Certificate of Vaccination (ICV)

People coming from or transiting for more than 4 weeks in polio endemic countries:

People must bring along their valid ICV as a proof that they have been immunized before departure



IPV Introduction

- IPV has been introduced in July 2017, launched by the Health Minister in Gianyar, Bali province.
- Threat: **IPV shortage**



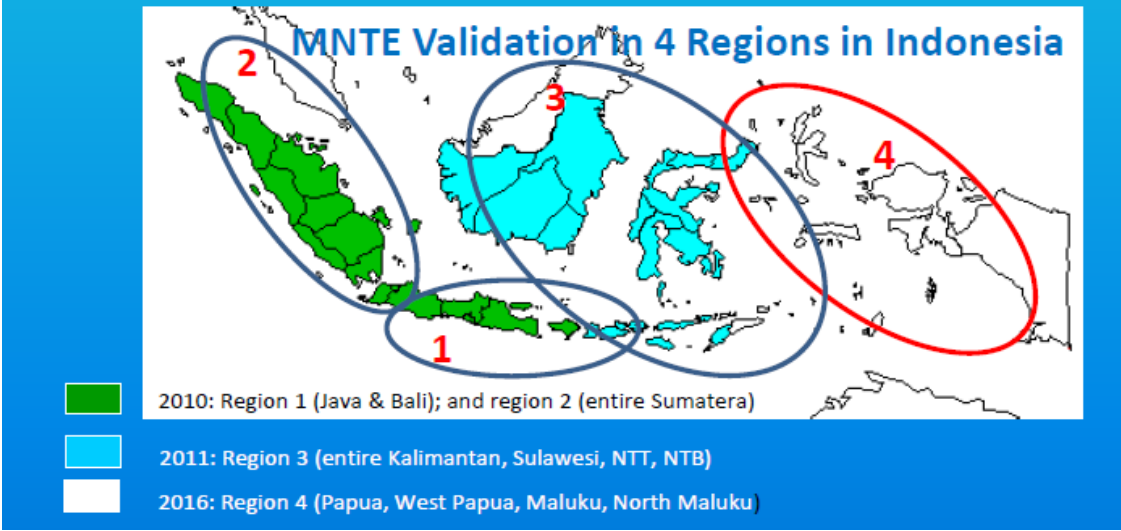
Strategies

- **IPV is given to priority targets** → children 4-11 mo who are not yet received protection from type 2 polio virus, either from tOPV vaccine or from any IPV containing vaccine
- **Maximize the use of each IPV multi-dose vial** → for 5 dose vial min. 4 doses to be used, for 10 dose vial min. 8 doses to be used
- Local capacity to produce IPV, Biofarma (bulk from Sanofi) → ready in end of 2018, not yet fulfil national needs, will still depend on imported vaccines from Sanofi



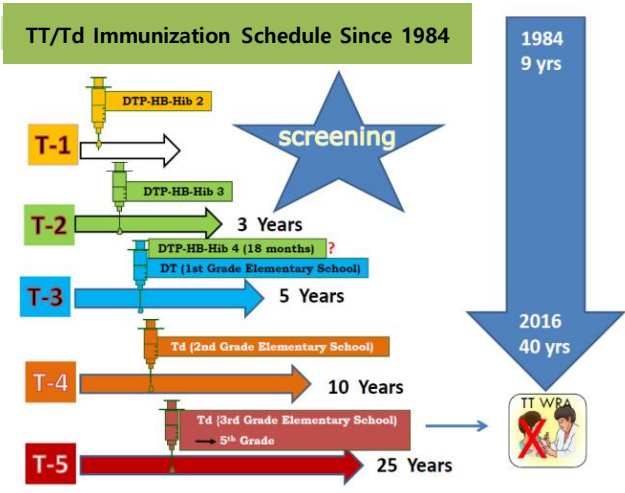
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SUSTAINING MNTE STATUS



Strategies

- Primary and Secondary Immunization (Incl School Based Immunization)
- Td at WRA
- Clean Delivery
- NT Surveillance



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**REACHING MEASLES ELIMINATION
AND RUBELLA/CRS CONTROL BY 2020**

Strategies

Measles Crash Program in 183 high risk districts in 28 provinces
→ August 2016

Two-phased MR Campaign targeting children 9 mo – under 15 yrs
→ August & September 2017-2018

MR vaccine introduction into routine immunization schedule, replacing measles monovalent vaccine
→ 9 mo, 18 mo and 1st grade elementary school

Targeting about 67 million children 9 mo – under 15 yrs, totally

August → at schools
September → at Posyandu (outreach services), Puskesmas (Health Centres) and other health facilities (incl Hospitals, private clinics, etc)

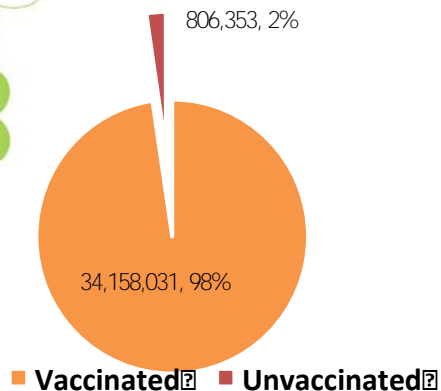
Phase 1 :
34.964.384 children in 6 provinces in Java Island
→ August-September 2017

Phase 2 :
31.963.154 children in 28 provinces outside Java Island
→ August-September 2018

TARGET

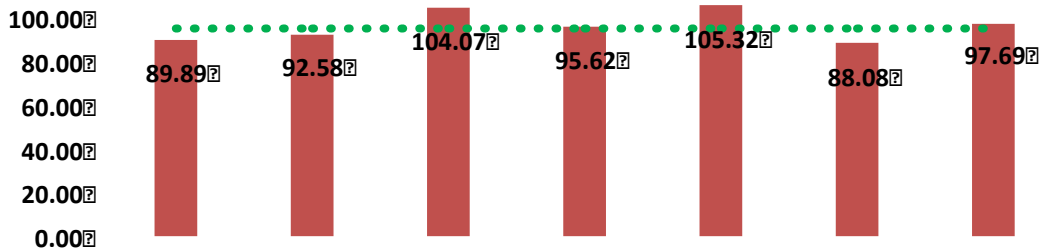
MINIMUM 95%

MR Campaign Phase -1 in Java Island

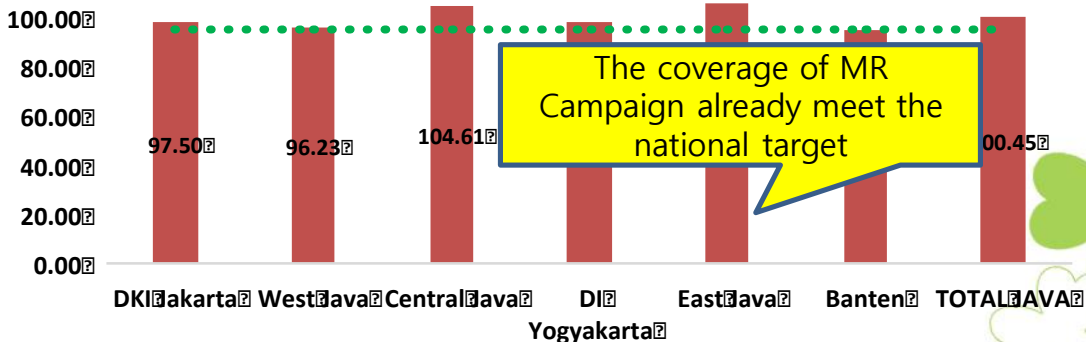


Source: EPI Indonesia, data as 30th Sept 2017

The campaign period
extended until 14 Oct 2017
→ to reach all unvaccinated
children



Source: EPI Indonesia, data as 30th Sept 2017



Coverage (Red Bar) Target (95%) (Green Dotted Line)

Source: EPI Indonesia, data as 14th Oct 2017

- 6 provinces, 119 districts, 3.579 PHC
- Total targets: **34.964.384** (9 mo – under 15 yo)
- The vaccine usage rate is 8 per 10-dose vial of MR vaccine

CHALLENGES

1) Coverage is various throughout the country

many hard to reach areas

Lack of community's awareness and knowledge of immunization

Anti Vaccine Group

Unimmunized children

Drop out of immunization

Misperception of AEFI

CHALLENGES (2)

2) Decentralization (in the compliance with national standards for immunization)

- Discrepancy of local government commitment for immunization
- High duty turn over of EPI staff.

3) Procurement for new vaccines

- High price → Limited and local budget to i new vaccines *A pr Gavi graduated coun GAVI price ???*

No	Vaccine	Presentation	Price (IDR)		Manufacturers
			Commercial	UNICEF	
1	IPV	5-dose Vial	152,900*	125,400	Sanofi Pasteur
2	MR	10-dose Vial	175,000*	79,200	SII, India
3	JE	5-dose Vial	65,000**	27,060	Cheng Du, China
4	PCV	Single dose	300,000**	43,560	Pfizer
5	HPV	Single dose	168,000??	59,400	MSD

UNICEF prices do not include cost of clearance, storage, and distribution.

*Price published on e-Catalogue

**Estimated price

CONCLUSION

Priority Areas

Improve Demand Creation for Immunization

Innovative efforts to improve and maintain immunization coverage and equity

Intense advocacy to local key stakeholders in ensuring immunization sustainability

Encourage technology transfer of new vaccines in low- and middle-income countries to assure access to affordable vaccines



THANK YOU